

STATIONARY SOURCE SUMMARY

(FORM XXX-A1)

DISTRICT:

COMPANY NAME:

< DISTRICT USE ONLY =

District ID: _____

Application #: _____

Application Received: _____

Application Filing Fee: _____

Application Deemed Complete: _____

I. FACILITY IDENTIFICATION

1. Facility Name: _____

2. Four digit SIC Code: _____ EPA Plant ID: _____

3. Parent Company (if different than Facility Name): _____

4. Mailing Address: _____

5. Street Address or Source Location: _____

6. UTM Coordinates (if required): _____

7. Source located within: 50 miles of the state line ☐ Yes ☐ No

50 miles of a Native American Nation ☐ Yes ☐ No ☐ Not Applicable

8. Type of Organization: ☐ Corporation ☐ Sole Ownership ☐ Government ☐ Partnership ☐ Utility Company

9. Legal Owner's Name: _____

10. Owner's Agent Name (if any): _____

11. Responsible Official: _____

12. Plant Site Manager/Contact: _____ Telephone #: _____

13. Type of facility: _____

14. General description of processes/products: _____

15. Does your facility store, or otherwise handle, greater than threshold quantities of any substance on the Section 112(r) List of Substances and their Thresholds (see attachment A)? ☐ Yes ☐ No

16. Is a Federal Risk Management Plan [pursuant to Section 112(r)] required? ☐ Not Applicable ☐ Yes ☐ No
(If yes, attach verification that Risk Management Plan is registered with appropriate agency or description of status of Risk Management)

STATIONARY SOURCE SUMMARY

(FORM XXX-A2)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

II. TYPE OF PERMIT ACTION

	CURRENT PERMIT (permit number)	EXPIRATION (date)
<input type="checkbox"/> Initial Title V Application		
<input type="checkbox"/> Permit Renewal		
<input type="checkbox"/> Significant Permit Modification		
<input type="checkbox"/> Minor Permit Modification		
<input type="checkbox"/> Administrative Amendment		

III. DESCRIPTION OF PERMIT ACTION

1. Does the permit action requested involve: a: ☐ Portable Source ☐ Voluntary Emissions Caps
☐ Acid Rain Source ☐ Alternative Operating Scenarios
☐ Source Subject to MACT Requirements [Section 112]
- b: ☐ None of the options in 1.a. are applicable

2. Is source operating under Compliance Schedule? ☐ Yes ☐ No

3. For permit modifications, provide a general description of the proposed permit modification: _____
- _____
- _____
- _____
- _____
- _____

TOTAL STATIONARY SOURCE EMISSIONS

(FORM XXX-B)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

I. TOTAL STATIONARY SOURCE EMISSIONS

Provide a brief description of operating scenario : _____

POLLUTANT* (name)	EMISSIONS (tons per year)	PRE-MODIFICATION EMISSIONS (tons per year)	EMISSIONS CHANGE (tons per year)

* Emissions for all pollutants that the source is major for and all regulated air pollutants must be reported. See Attachment A.

COMBUSTION EMISSION UNIT (FORM XXX-C1)

DISTRICT:	< DISTRICT USE ONLY = DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

I. PERMIT NUMBER: _____

II. EMISSION UNIT DESCRIPTION

1. Equipment type: _____
2. Equipment description: _____
3. Equipment make, model & serial number: _____
4. Maximum design process rate or maximum power input/output: _____
5. Primary use: _____
6. Burner(s) design, operating temperature and capacity: _____
7. Control device(s) type and description (if any): _____

III. OPERATIONAL INFORMATION

1. Operating schedule: _____ (hours/day) _____ (hours/year)
2. Exhaust gas properties (temperature, SCFM, %H₂O, %O₂ or %CO₂, % excess air): _____

3. Fuel specifications:

FUEL TYPE (name)	ANNUAL USAGE (c.f./yr, lb/yr, gal/yr)	HEATING VALUE (BTU/lb or BTU/gal)	SULFUR (%)	NITROGEN (%)

COATING / SOLVENT EMISSION UNIT

(FORM XXX-D1)

DISTRICT:

< DISTRICT USE ONLY =

DISTRICT ID:

COMPANY NAME:

FACILITY NAME:

I. PERMIT NUMBER: _____

II. EQUIPMENT DESCRIPTION

1. Equipment type: _____
2. Equipment description: _____
3. Equipment make, model & serial number: _____
4. Maximum design process rate or throughput: _____
5. Control device(s) type and description (if any): _____
6. Description of coating/solvent application/drying method(s) employed including coating transfer: _____

7. List and describe primary coating/solvent process equipment used: _____

III. OPERATIONAL INFORMATION

1. Operating schedule: _____ (hours/day): _____ (hours/year)
2. Coatings/solvents information:

COATING/ SOLVENT (name)	MANUFACTURER (name)	MAXIMUM USE (gal/day, gal/yr)	VAPOR PRESSURE (mm of Hg)	SOLIDS CONTENT (%)	VOC CONTENT (%)

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COATING / SOLVENT EMISSION UNIT (FORM XXX-D2)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

3. Unit emissions:

CRITERIA POLLUTANT EMISSIONS (tons per year)					
POLLUTANTS					
A. Emissions					
B. Pre-modification Emissions¹					
C. Emission Change²					
D. Emission Limit³					
OTHER REGULATED AIR POLLUTANT EMISSIONS (tons per year)					
POLLUTANTS					
A. Emissions					
B. Pre-modification Emissions¹					
C. Emission Change²					
D. Emission Limit³					

¹ For permit modifications only; emissions prior to project modification.

² Difference between Pre-Modification Emissions (Section B.) and Emissions (Section A.).

³ For voluntary emissions cap and emission limits [i.e. expressed as parts per million (ppm) corrected for dilution air, pounds per hour (lbs/hr), pounds per million BTU (lb/MMBTU, etc.) required by any applicable federal requirement.

ORGANIC LIQUID STORAGE UNIT

(FORM XXX-E1)

DISTRICT:

< DISTRICT USE ONLY =

DISTRICT ID:

COMPANY NAME:

FACILITY NAME:

I. PERMIT NUMBER: _____

II. EQUIPMENT DESCRIPTION

- Equipment type: _____
- Equipment description: _____
- Equipment make, model & serial number: _____
- Control device(s) type and description (if any): _____

III. OPERATIONAL INFORMATION

- Operating schedule: _____ (hours/day) _____ (hours/year)
- Raw material used or processed:

ORGANIC LIQUID	VAPOR PRESSURE (psia)	BOILING POINT (F)	STORAGE TEMPERATURE (F)	LIQUID THROUGHPUT (gals/year)

- Total annual throughput: _____ (1000 gallons)
- Profile of material throughput: _____ Jan-Mar (% of total) _____ April-June (% of total)
_____ July-Sep (% of total) _____ Oct-Dec (% of total)

IV. TANK DESIGN AND SPECIFICATIONS

- Tank design:
☐ Floating Roof (external) ☐ Floating Roof (internal)
☐ Fixed Roof ☐ Underground
☐ Pressure ☐ Other: _____
- Tank specifications: Max Fill Rate: _____ (gals/hr) Max Withdrawal: _____ (gal/hr) _____
Height: _____ (ft) Vapor Space: _____ (ft)
Diameter: _____ (ft) Paint color: _____
Capacity: _____ (gal)

3. Shell type: ☐ Gunned ☐ Riveted ☐ Welded ☐ Other: _____

ORGANIC LIQUID STORAGE UNIT (FORM XXX-E2)

DISTRICT:

< DISTRICT USE ONLY =

DISTRICT ID:

COMPANY NAME:

FACILITY NAME:

4. Roof type: ☐ Pan ☐ Pontoon ☐ Other: _____

5. Tank Seals: ☐ Single Seal ☐ Double Seal

Primary Seal Shoe Type:

- ☐ Metallic Shoe
☐ Vapor Mounted Resilient Seal
☐ Liquid Mounted Resilient Seal
☐ Wiper Seal
☐ Other: _____

Secondary Seal Shoe Type:

- ☐ Shoe Mounted Wiper Seal
☐ Rim Mounted Wiper Seal
☐ Weathershield
☐ Other: _____

6. Unit emissions:

CRITERIA POLLUTANT EMISSIONS (tons per year)

POLLUTANTS

A. Emissions

B. Pre-modification Emissions¹

C. Emission Change²

D. Emission Limit³

OTHER REGULATED AIR POLLUTANT EMISSIONS (tons per year)

POLLUTANTS

A. Emissions

B. Pre-modification Emissions¹

C. Emission Change²

D. Emission Limit³

¹ For permit modifications only; emissions prior to project modification.

² Difference between Pre-Modification Emissions (Section B.) and Emissions (Section A.).

³ For voluntary emissions cap and emission limits [i.e. expressed as parts per million (ppm) corrected for dilution air, pounds per hour (lbs/hr), pounds per million BTU (lb/MMBTU, etc.] required by any applicable federal requirement.

GENERAL EMISSION UNIT (FORM XXX-F1)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

I. PERMIT NUMBER: _____

II. EQUIPMENT DESCRIPTION

1. General process description: _____
2. Equipment type: _____
3. Equipment description: _____
4. Equipment make, model & serial number: _____
5. Maximum design process rate or throughput: _____
6. Control device(s) type and description (if any): _____

III. OPERATIONAL INFORMATION

1. Operating schedule: _____ (hours/day) _____ (hours/year)
2. Exhaust gas flow rate: _____ SCFM @ _____ %H₂O
3. Raw products used and finished products produced:

RAW PRODUCT USED (name)	CONSUMPTION (lbs/hr, gal/hr, etc.)	PRODUCTS PRODUCED (name)	PRODUCTION (lbs/hr, gal/hr, etc.)

GENERAL EMISSION UNIT (FORM XXX-F2)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

4. Unit emissions:

CRITERIA POLLUTANT EMISSIONS (tons per year)					
POLLUTANTS					
A. Emissions					
B. Pre-modification Emissions¹					
C. Emission Change²					
D. Emission Limit³					
OTHER REGULATED AIR POLLUTANT EMISSIONS (tons per year)					
POLLUTANTS					
A. Emissions					
B. Pre-modification Emissions¹					
C. Emission Change²					
D. Emission Limit³					
¹ For permit modifications only; emissions prior to project modification. ² Difference between Pre-Modification Emissions (Section B.) and Emissions (Section A.). ³ For voluntary emissions cap and emission limits [i.e. expressed as parts per million (ppm) corrected for dilution air, pounds per hour (lbs/hr), pounds per million BTU (lb/MMBTU, etc.) required by any applicable federal requirement.					

EMISSION CONTROL UNIT (FORM XXX-G1)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

I. PERMIT NUMBER: _____

II. EQUIPMENT DESCRIPTION

- General process description: _____
- Equipment type: _____
- Equipment description: _____
- Equipment make, model & serial number: _____
- Emission unit(s) served by this equipment: _____
- Maximum design or rated capacity: _____

III. EQUIPMENT DESIGN INFORMATION

- Exhaust gas: Temperature: (F) _____ Flow Rate: (SCFM) _____
Moisture: _____ (%) Oxygen: _____ (%)
CO₂: _____ (%)
- General: Manufacturer: _____ Pressure Drop: _____ (in-Hg)
Inlet Temp.: _____ (F) Outlet Temp.: _____ (F)
- Catalyst data: Catalyst Type/Material: _____
Catalyst Life: _____ (years) Volume: _____ (Ft³)
Space Velocity: _____ (Ft³/Ft) NH₃ inj. Rate: _____ (gal/hr)
NH₃ Inj. Temp.: _____ (F)
- Baghouse data: Design: ☐ Positive Pressure ☐ Negative Pressure
Cleaning Method: _____
Fabric Material: _____
Flow Rate: _____ (SCFM) Air/Cloth Ratio: _____
- ESP data: Number of fields: _____ Cleaning Method: _____
Power Input: _____
- Scrubber data: Type/design: _____ Sorbent Type: _____
- Other Control Devices (include appropriate design information):

EMISSION CONTROL UNIT (FORM XXX-G2)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

IV. OPERATIONAL INFORMATION

1. Operating schedule: _____ (hours/day) _____ (hours/year)
2. Raw products used by control device: _____
3. Operating information:

[illegible]

EXEMPT EQUIPMENT (FORM XXX-H)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

I. EQUIPMENT EXEMPT FROM DISTRICT PERMIT REQUIREMENTS

[illegible]

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COMPLIANCE PLAN
(FORM XXX-I1)

DISTRICT: < DISTRICT USE ONLY =
DISTRICT ID:
COMPANY NAME: FACILITY NAME:

I. PROCEDURE FOR USING FORM XXX-I

This form shall be submitted as part of the Title V Application. The Responsible Official shall identify the applicable federal requirement(s) to which the source is subject. In the Compliance Plan (Form XXX-I), a Responsible Official shall identify whether the source identified in the Title V Application currently operates in compliance with all applicable federal requirements.

II. APPLICABLE FEDERAL REQUIREMENTS

APPLICABLE FEDERAL REQUIREMENT	EMISSION UNIT or PERMIT NUMBER	IN COMPLIANCE (yes/no/exempt ¹)	EFFECTIVE DATE ²

APPLICABLE FEDERAL REQUIREMENT	EMISSION UNIT or PERMIT NUMBER	IN COMPLIANCE (yes/no/exempt ¹)	EFFECTIVE DATE ²
<div><div>¹<i>If exempt from applicable federal requirement, attach explanation for exemption.</i></div><div>²<i>Indicate the date during the permit term that the applicable federal requirement will become effective.</i></div></div>			

COMPLIANCE PLAN (FORM XXX-I2)

DISTRICT:	< DISTRICT USE ONLY = DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

III. COMPLIANCE CERTIFICATION

Under penalty of perjury, I certify the following:

- 9 *Based on information and belief formed after reasonable inquiry, the source identified in this application will continue to comply with the applicable federal requirement(s) with which the source is in compliance identified in form XXX-I1;*
- 9 *Based on information and belief formed after reasonable inquiry, the source identified in this application will comply with the future-effective applicable federal requirement(s) identified in form XXX-I1, on a timely basis¹ ;*
- 9 *Based on information and belief formed after reasonable inquiry, the source identified in this application is not in compliance with the applicable federal requirement(s), identified in form XXX-I1, and I have attached a compliance plan schedule.²*

Signature of Responsible Official

Date

1. Unless a more detailed schedule is expressly required by the applicable federal requirement.
2. At the time of expected permit issuance, if the source expects to be out of compliance with an applicable federal requirement, the applicant is required to provide a compliance schedule with this application, with the following exception. A source which is operating under a variance that is effective for less than 90 days need not submit a Compliance Schedule. For sources operating under a variance, which is in effect for more than 90 days, the Compliance Schedule is the schedule that was approved as part of the variance granted by the hearing board.

The compliance schedule shall contain a schedule of remedial measures, including an enforceable sequence of actions with milestones, leading to compliance with this applicable federal requirement. For sources operating under a variance, the compliance schedule is part of the variance granted by the hearing board. The compliance schedule shall resemble, and be at least as stringent as that contained in any judicial consent decree or administrative order to which the source is subject. For sources not operating under a variance, consult the Air Pollution Control Officer regarding procedures for obtaining a compliance schedule.

COMPLIANCE PLAN CERTIFICATION

(FORM XXX-J1)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

I. CERTIFICATION STATUS

1. Indicate the dates the applicant intends to submit the **COMPLIANCE CERTIFICATION REPORT** to the district during the entire permit term. The district federal operating permits rule requires the applicant to submit this report at least annually.

2. For sources required to have a schedule of compliance to remedy a violation, indicate the dates the applicant intends to submit **CERTIFIED PROGRESS REPORTS** to the district during the permit term. The district federal operating permits rule requires the applicant to submit this report at least semiannually.

3. Describe the compliance status of the source with respect to applicable enhanced monitoring, and compliance certification requirements of Section 114(a)(3) of the Clean Air Act:

COMPLIANCE PLAN CERTIFICATION (FORM XXX-J2)

DISTRICT:	< DISTRICT USE ONLY = DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

II. CERTIFICATION INFORMATION

EMISSION UNIT or	APPLICABLE
PERMIT NUMBER:	FEDERAL
	REQUIREMENT:

METHOD	DESCRIPTION OR REFERENCE METHOD
Monitoring	
Reporting	
Record Keeping	
Test Methods	

EMISSION UNIT or	APPLICABLE FEDERAL
PERMIT NUMBER: _____	REQUIREMENT: _____

METHOD	DESCRIPTION OR REFERENCE METHOD
Monitoring	
Reporting	
Record Keeping	
Test Methods	

CERTIFICATION REPORT

(FORM XXX-K1)

DISTRICT:

< DISTRICT USE ONLY =

DISTRICT ID:

COMPANY NAME:

FACILITY NAME:

I. FACILITY INFORMATION

1. Company Name: _____
2. Facility Name (if different than Company Name): _____
3. Mailing Address: _____
4. Street Address or Source Location: _____
5. Facility Permit Number: _____

II. GENERAL INFORMATION

1. Reporting period (specify dates): _____
2. Due date for submittal of report: _____
3. Type of submittal: ☐ Monitoring Report (complete Section III below)
☐ Compliance Schedule Progress Report (complete Section IV of Form XXX-K2)
☐ Compliance Certification (complete Section V of Form XXX-K2)

III. MONITORING REPORT INFORMATION

1. Were deviations from monitoring requirements encountered during the reporting period?
☐ No ☐ Yes (If Yes, complete Form XXX-L)

CERTIFICATION REPORT

(FORM XXX-K2)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

IV. COMPLIANCE SCHEDULE PROGRESS INFORMATION

1. Dates the activities, milestones, or compliance required by schedule of compliance was achieved/will be achieved:

2. Provide explanation of why any dates in schedule of compliance were not/will not be met:

3. Describe in chronological order preventive or corrective action taken:

V. COMPLIANCE CERTIFICATION

1. Was source in compliance during the reporting period specified in Section II of Form XXX-K1 and is source currently in compliance with all applicable federal requirements and permit conditions.

☐ Yes ☐ No (If no, re-submit Forms XXX-I and XXX-J)

I certify based on information and belief formed after reasonable inquiry, the statement and information in this document and supplements are true, accurate, and complete.

Signature of Responsible Official Date

Print Name of Responsible Official

Title of Responsible Official and Company Name

Telephone Number of Responsible Official: () _____ - _____

DEVIATION REPORT

(FORM XXX-L)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

I DEVIATION INFORMATION

1. Permit number(s) of emission unit or control unit affected: _____
2. Description of deviation: _____

3. Description and identification of permit condition(s) deviated: _____

4. Associated equipment and equipment operation (if any): _____

5. Date and time when deviation was discovered: _____

6. Date, time and duration of deviation: _____

7. Probable cause of deviation: _____

8. Preventive or corrective action taken: _____

CERTIFICATION STATEMENT

(FORM XXX-M)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

Identify, by checking off below, the forms and attachments that are part of your application. If the application contains forms or attachments that are not identified below, please identify these attachments in the blank space provided below. Review the instructions if you are unsure of the forms and attachments that need to be included in a complete application.

Forms included with application

___ Stationary Source Summary Form

___ Total Stationary Source Emission
Form

___ Compliance Plan Form

___ Compliance Plan Certification
Form

___ Exempt Equipment Form

___ Certification Statement Form

List other forms or attachments

Attachments included with application

___ Description of Operating Scenarios

___ Sample emission calculations

___ Fugitive emission estimates

___ List of Applicable requirements

___ Discussion of units out of
compliance with applicable federal
requirements and, if required, submit a
schedule of Compliance

___ Facility schematic showing emission

points

I certify under penalty of law, based on information and belief formed after reasonable inquiry, that the information contained in this application, composed of the forms and attachments identified above, are true, accurate, and complete.

I certify that I am the responsible official, as defined in (title of district Title V permitting rule).

Signature of Responsible Official

Date

Print Name of Responsible Official

List Other Forms or Attachments (cont.)
